

<p>U.S. Department of Health and Human Services National Institutes of Health</p> <p><b>NIH Undergraduate Scholarship Program</b></p> <p><b>Undergraduate Institution Certification</b></p>	<p><b>Applicant's Instructions:</b> Please complete Section A. Give this form and one of the return envelopes to the financial aid office at the school at which you are enrolled or will be enrolled starting September 1998.</p> <p><b>Undergraduate Institution's Instructions:</b> Please complete Section B and return the form in the envelope provided, or mail to National Institutes of Health Undergraduate Scholarship Program, 7550 Wisconsin Ave., Room 604, Bethesda, Maryland 20892-9121. If you have any questions, please call 1-800-528-7689.</p>
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**Section A -- The applicant completes this section.**

**1. Applicant's Name** (last, first, middle) Please print.

**1a. Other Names Used** (last, first, middle) (if any school records are maintained under that name)

**2. Social Security Number** (Providing your Social Security number (SSN) is voluntary. However, it is necessary for processing your application. Your SSN is used for identification purposes only. If you do not provide your SSN, we cannot process your application. Please see the Privacy Act information in this package.)

I authorize the institution indicated in Section B to release information about my academic, financial, service, and other pertinent information to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized Government officials. This release is valid for six months after completion of UGSP requirements.

**Signature** (Sign your full name in ink)

**Date**

**Section B -- To be completed by Academic Institution Financial Aid Office**

**1. Enrollment Status**

Do you expect that this student will be enrolled full-time for the 1998-99 academic year?

☐ Yes ☐ No

If enrolled, is this student currently in good standing?

☐ Yes ☐ No

Has this student been accepted for enrollment as a full-time student for the 1998-99 academic year? (For new students.)

☐ Yes ☐ No

What is the anticipated graduation date for this student?

Month \_\_\_\_\_ Year \_\_\_\_\_

**2. Exceptional Financial Need Status** Does this student qualify for "exceptional financial need" (EFN) status as defined by the Secretary, Department of Health and Human Services? (See back for definition of EFN.) ☐ Yes ☐ No

**3. Additional Sources of Financial Support**

\_\_\_\_\_ (name of student) has been awarded the following financial aid for the 1998-99 academic year:

\$ \_\_\_\_\_ student loans \$ \_\_\_\_\_ institutional scholarships \$ \_\_\_\_\_ non-institutional scholarships/grants

Continuation of this financial aid support (☐ will, ☐ will not) be reduced by receipt of NIH UGSP funding.

**4. Calculation of Eligible Tuition, Education, and Living Expenses** The UGSP scholarship covers up to \$20,000 per academic year toward (1) tuition, (2) reasonable education expenses, and (3) reasonable living expenses.

**Tuition:** What is the tuition amount for this student in the 1998-99 academic year? \$ \_\_\_\_\_

**Educational Expenses:** What are the average educational expenses for the categories listed below during the 1998-99 academic year?

Books \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

Laboratory fees \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

**Living Expenses:** What are the average room, board, and transportation expenses for the 1998-99 academic year for this student?

Room \$ \_\_\_\_\_

Board \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

**5. Certification by Academic Institution Financial Aid Office**

The undersigned institutional representative certifies that, to the best of his/her knowledge, the information reported above is accurate. This Certification should include the school's seal or office stamp.

**Name of School** \_\_\_\_\_

**Financial Aid Administrator's Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

## Instructions for Undergraduate Institution Certification Form NIH 2762-3

### Exceptional Financial Need Status

**Identification of Individuals from Disadvantaged Backgrounds** (Scholarship applicants must be from disadvantaged backgrounds)

Financial aid officers are to use only criteria #2 to determine disadvantaged background status.

**A student from a disadvantaged background** is one who (1) comes from an environment that inhibited [but did not prevent] the individual from obtaining the knowledge, skills, and ability required to enroll in an undergraduate institution; **or** (2) comes from a family with an annual income below a level based on low-income thresholds according to family size, as published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, DHHS, for use in all health professions programs.

**Qualification of EFN Status.** Applicants who qualify as having EFN status must provide the Financial Aid Director of their undergraduate institution total financial information, including: parent's income and spouse's income (if applicable), regardless of the student's taxable status, and must be of EFN, as defined by the Secretary, DHHS, (see above). This information must be certified by the Financial Aid Director and the institution's certification of an applicant's EFN status must be included with the UGSP application package.

*The Secretary, DHHS, will periodically publish these low-income levels in the Federal Register. (Please see the table below for the most recent determination of low-income levels). If family income according to family size is less than the income level indicated on the chart below, students fulfill the definition of an individual having **exceptional financial need (EFN)**. Students certified as being of EFN are considered to be from disadvantaged backgrounds.*

#### Low-Income Levels - Secretary DHHS

Size of Parents' Family (Includes only dependents listed on Federal income tax forms)	Income Level (Rounded to the nearest \$100. Adjusted gross income for calendar year 1997.)
1 .....	\$10,500
2 .....	13,700
3 .....	16,300
4 .....	20,800
5 .....	24,600
6 or more .....	27,600

*Federal Register* February 14, 1997: 62 FR 8027-01

**Personal Statement.** Only if your financial aid officer does not determine your eligibility for exceptional financial need (EFN) are you to provide a Personal Statement with your application.

Applicants who are not certified as being of EFN may qualify as being from "disadvantaged backgrounds" by providing a personal statement explaining the applicability of section (1) in the above definition to his/her circumstances. The personal statement may include: a description of family background, parents' or guardians' occupation and educational levels, siblings' occupations and educational levels, family activities, personal and family hardships, and skills and abilities to qualify for enrollment in an undergraduate institution. You must specifically explain how these circumstances affected you. This statement should be no longer than 1 type-written (8½ x 11) page, and must be signed by you.